

DELAWARE ^F2023^{O R M}
DIVISION OF REVENUE PIT-NNS
DELAWARE NON-RESIDENT SCHEDULES



FIRST NAME

LAST NAME

TAXPAYER ID

DE SCHEDULE I - CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

Enter the credit in the highest to lowest amount order.

See the instructions and complete the worksheet prior to completing DE Schedule I.

- | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----|
| 1. | Tax imposed by State of | (Enter 2 character state name) | 1. |
| 2. | Tax imposed by State of | (Enter 2 character state name) | 2. |
| 3. | Tax imposed by State of | (Enter 2 character state name) | 3. |
| 4. | Tax imposed by State of | (Enter 2 character state name) | 4. |
| 5. | Tax imposed by State of | (Enter 2 character state name) | 5. |
| 6. | Enter the total here and on PIT-NON, Page 2 Line 44. You must attach a copy of the other state return(s) with your Delaware tax return. | | 6. |

DE SCHEDULE II - EARNED INCOME TAX CREDIT (EITC)

This schedule does not apply to the Non-Resident form. It is intentionally excluded.

DE SCHEDULE III - CONTRIBUTIONS TO SPECIAL FUNDS

See the instructions for ALL required documentation to attach.

See instructions for a description of each worthwhile fund listed below.

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|----|-----------------------------------------------------------------------|------------------------------------|----------------------------------|----|
| 7. | A. Non-Game Wildlife | H. DE National Guard | O. Senior Trust Fund | |
| | B. Beau Biden Fund | I. Juvenile Diabetes Fund | P. Veterans Trust Fund | |
| | C. Emergency Housing | J. Multiple Sclerosis Soc. | Q. Protect DE's Child Fund | |
| | D. Breast Cancer Edu. | K. Ovarian Cancer Fndn | R. Food Bank of DE | |
| | E. Organ Donations | L. <i>Intentionally left blank</i> | S. DE Hab For Humanity | |
| | F. Diabetes Education | M. White Clay Creek | T. B+ Childhood Cancer | |
| | G. Veterans Home | N. Home of the Brave | U. Combined Campaign for Justice | |
| 8. | Enter the total Contribution amount here and on Form PIT-NON, Line 56 | | | 8. |

This page MUST be sent in with your Delaware return if any of the schedules (above) are completed.